## Maine Department of Inland Fisheries and Wildlife Sales Agent Enrollment Application

Municipality (Instructions on back)

1	<del></del>										
Section 1 Agent Inform	ation										
3 Agency Physical Address (Street/Road City State Zip)					•	4 Cu	irrent Age	nt Numbe	r(s)		
5 Agency Mailing Address (PO Box/ R.R. etc. City State Zip Country if other than U.S.) 6 Agent Fax #											
7 Agency Legal Town State	Town State			8 Agent Telephone # & Ext.			9 Agent E-mail Address				
Section 2 Municipality In:	Formation										
10 Municipal Name 11 Municipality Telephone # & Ext. 12 Municipality Fax #							_				
13 Appointing Officer	Position 14			14 Appointing Officer Contact Telephone # & Ext.				15 Appointing Officer E-Mail			
16 Appointing Officer Contact Address (Street/PO Box City State Zip Country if other than U.S.)											
17 If boat registration agent, list any other electronic agencies Agent Name (s)  Agent Number (s)  Agent Number (s)							nber (s)				
Section 3 Municipality E	usiness Informa	ation									
18											
(Payment by check only)  (Payment by check only)											
Agency Open All Year?											
21 Show opening time and closing time for each day you are open.  Sun Mon Tues Wed Thurs Fri Sat											
☐ Open MonFri. 8:00 - 5:00	Open		Sun	Mon	Tues	wea	Thurs	Fri	Sat		
Other - Complete Table at Right	Close	;									
22 Check all sales types you are requesting to handle.											
☐ Licenses ☐ Boat Reg, New & renewal ☐ Snowmobile Reg. new & renewal ☐ ATV Reg. new & renewal ☐ Non Resident Snowmobile Reg. ☐ Boat Reg, renewal only ☐ Snowmobile Reg. renewal only ☐ ATV Reg. renewal only											
Section 4 Billing/Account Information											
23 Payment method: (circle) ELECTRON	: (circle) ELECTRONIC PAYMENT CH			FUK I			ctronic Payment, who initiates withdrawal & W  Agent				
25 Banking Institution:	26 Ba						hone # (area code) (phone number) (ext.)				
28 Bank Address Mailing Address	nk Address Mailing Address City			State Zip 29 Contac			ct Name for Billing				
30 Name Shown on Bank Account		A	ccount Ty	pe	31 Telep	ohone # &	Ext. for C	ontact Per	son		
				☐ Savings							
32 Account #			33	ABA R	outing / Tra	ansit#	34 Atta	ch voided c	heck to this instructions)		
If Electronic Payment is circled above and Department is to initiate account withdrawal, I authorize the Department to make withdrawals from the account identified above and authorize the financial institution to charge such withdrawals made to my listed account. The amount of each weekly withdrawal made will be equal to the amount shown on my weekly invoice of which I will maintain a record. Adjusting entries to correct errors are also authorized.  It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the national and local Automated Clearing House Associations. I understand that this authorization will remain in effect until fourteen days advance notice of termination or change of account is given to the Department.  I further certify the foregoing information provided is correct to the best of my knowledge.											
Agent Signature					Date			_			
Signature Appointing Officer			Date								

## Maine Department of Inland Fisheries and Wildlife

## Sales Agent Enrollment Application

Signature Owner / Manager\_\_\_\_\_

Business / Corporation (Instructions on back)

Continue 1								
Section 1 Agent Information	<b>1.</b>							
1 Agency Name 2 Ag	gency Manager (if different from owner)  3 Current Agent Number(s)							
4 Agency Physical Address (Street/Road City State/Prov. Postal	Code Country if other than U.S.)  5 Sales Tax #							
6 Agency Mailing Address (PO Box/ R.R. etc. City State/Prov. F	ostal Code Country if other than U.S.) 7 Fax #							
8 Agency Legal Town State Country	9 Agent Telephone # & Ext. 10 Agent E-mail Address							
Section 2 Business/Corporate Information								
11 Business / Corporation Name	12 FEIN#							
13 Corporate Mailing Address (Street/PO Box # City State/Prov.	Postal Code Country if other than U.S. ) 14 Corporate Contact							
15 Owner / Officer Name (First Middle Last)	16 Owner / Officer SS # 17 Corporate Contact Telephone # & Ext.							
18 Owners / Officer Address	19 Owner/Officer DOB 20 Corporate Contact Fax #							
21 Owners / Officer Previous Address	22 Owner/Officer Telephone # & Ext. 23 Corporate Contact E-Mail Address							
Section 3 Business Information								
24								
(Payment by check only)								
25 Business Open All Year? □Yes □No Last day of Business Week								
If No - Date openDate Closed If Seasonal, date new year supplies to be shipped								
26	Show opening time and closing time for each day you are open.							
☐ Open MonFri. 8:00 - 5:00	Sun Mon Tues Wed Thurs Fri Sat							
☐ Other - Complete Table at Right ☐ Close								
27 Check all sales types you are requesting to handle.								
☐ Licenses ☐ Snowmobile Reg. new & renewal ☐ ATV Reg. new & renewal								
□ Non Resident Snowmobile Reg. □ Snowmobile Reg. renewal only □ ATV Reg. renewal only								
Section 4 Billing/Account Information								
	ank Fax # 30 Telephone # (area code) (phone number) (ext.)							
31 Bank Address Mailing Address City	State Zip 32 Contact Name for Billing							
33 Name Shown on Bank Account	Account Type 34 Telephone # & Ext. for Contact Person							
☐ Checking ☐ Savings								
35 Account #	36 ABA Routing / Transit # 37 Attach voided check to this application.(see instructions)							
I hereby authorize the Department of Inland Fisheries and Wildlife to obtain any necessary financial information or records from any credit history of the business or owner/principal officer listed in this application. If Electronic Payment is chosen above and Department is to initiate account withdrawal, I authorize the Department to make withdrawals from the account identified above and authorize the financial institution to charge such withdrawals made to my listed account. The amount of each weekly withdrawal made will be equal to the amount shown on my weekly invoice of which I will maintain a record. Adjusting entries to correct errors are also authorized.  It is agreed that these withdrawals and adjustments may be made electronically and under the rules of the national and local Automated Clearing House Associations. I understand that this authorization will remain in effect until fourteen days advance notice of termination or change of account is given to the Department.  I further certify the foregoing information provided is correct to the best of my knowledge.								

pm65/enrollment/7/13/01

Date \_\_\_\_